

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040481

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10247

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

City

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St Louis Mo

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Jeff

c. CITY OR TOWN

Imperial Mo

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION BARNES HOSP

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

JOHN

MCDAVITT

4. DATE OF DEATH

Month

Day

Year

Oct. 25 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

11/18/1936

25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ray McDavitt

13b. MOTHER'S MAIDEN NAME

Philemena Kessler

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ray McDavitt Robertsville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage from ruptured spleen as well as

hemothorax on the left side; 2. Multiple fractures;

DUE TO 3. Shock; suffered in accident in vicinity of

Hillsboro, Missouri on 10/24/62. CAUSE AND MANNER OF

DUE TO SAME COULD NOT BE DETERMINED.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

OPEN VERDICT

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See Above

20c. TIME OF INJURY

Hour Month, Day, Year

?

a.m.

10-24-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

Hillsboro, Missouri

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

1:05 A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

10-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/27/62

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cem.

23d. LOCATION (City, town, or county)

Greenville, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Brimmer F. H. House Springs Mo

25. DATE REC'D BY CORP. REG.

OCT 26 1962

26. REGISTRAR'S SIGNATURE

Helen L. Taylor M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Michael J. Gann Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.